

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.:	SC12480TP
	First Inventor:	John M. Grant
	Title:	SEMICONDUCTOR DEVICE INCORPORATING A DEFECT CONTROLLED STRAINED CHANNEL STRUCTURE AND METHOD OF MAKING THE SAME
	Express Mail Label No.:	EV 322114201 US

APPLICATION ELEMENTS <small>(see MPEP chapter 600 concerning utility patent application contents)</small>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>21</u>] U.S.P.T.O. 2141 100203</p> <p>-Descriptive title of the invention</p> <p>-Cross Reference to Related Applications</p> <p>-Statement Regarding Fed sponsored R & D</p> <p>-Reference to sequence listing, a table, or computer program listing appendix</p> <p>-Brief Summary of the Invention</p> <p>-Brief Description of the Drawings (if filed)</p> <p>-Detailed Description</p> <p>-Claim(s)</p> <p>-Abstract of the Disclosure</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies)</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
ACCOMPANYING APPLICATION PARTS	
<p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>3</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>3</u>]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p>i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PT-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in- Part (CIP) of prior application No. _____

Prior application information: Examiner: _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number		23125	or	<input type="checkbox"/> Correspondence address below	
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			
Name	Michael J. Balconi-Lamica	Registration No.	34,291		
SIGNATURE	<i>Michael J. Balconi-Lamica</i>		Date	10/2/03	

**FEE
TRANSMITTAL**

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\\$) 896.00**

<i>Complete if Known</i>	
Application Number	
Filing Date	Concurrently Herewith
First Named Inventor	John M. Grant
Examiner Name	
Group Art Unit	

Attorney Docket No. **SC12480TP**

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number	502117
Deposit Account Name	Motorola, Inc.

The Director is authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input type="checkbox"/>	Charge any additional fee(s) during the pendency of this application
<input type="checkbox"/>	Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee (\$)	Entity Fee Code	Small Entity Fee (\$)	Entity Fee Code	Fee Paid
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee

SUBTOTAL (1) (\$ 770)

2. EXTRA CLAIM FEES

Total Claims	20	-	Previously Paid**	=	0	X	Extra Claims	=	Fee from below	=	Fee Paid
Independent Claims	4	-	3	=	1	X	86	=	86		

Multiple Dependent **290 = 0**

Large Entity Fee (\$)	Entity Fee Code	Small Entity Fee (\$)	Entity Fee Code	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 86.00)

** or number previously paid, if greater; For Reissues, see above.

SUBMITTED BY

Name (Print/Type) **Michael J. Balconi-Lamica**

Registration No. **34,291** Telephone **512.996.6839**

Signature 

Date **10/2/03**

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	410	2252	205	Extension for reply within second month
1253	930	2253	465	Extension for reply within third month
1254	1450	2254	725	Extension for reply within fourth month
1255	1970	2255	985	Extension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1300	2453	650	Petition to revive - unintentional
1501	1300	2501	650	Utility issue fee (or reissue)
1502	470	2502	235	Design issue fee
1503	630	2503	315	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))
1801	750	2801	375	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application
Other fee (specify) _____				
SUBTOTAL (3) (\$ 40.00)				

* Reduced by Basic Filing Fee Paid